MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-048752
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED JAN 7 1963

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6544

DO NOT WRITE ON THIS STUB	AMENDED
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DATE AMENDED — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City
Length of stay in 1b: 11 YRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): General Hosp.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4052 McGee
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First / Middle / Last: KENDALL M. BAKER

4. DATE OF DEATH Month / Day / Year: 12-19-1962

5. SEX: male

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 9-12-1903

9. AGE (last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) / **10b. KIND OF BUSINESS OR INDUSTRY:** SATISFACTION EXTERMINATING Co

11. BIRTHPLACE (City and state or country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: UNKNOWN

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: MABEL BAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W.W. II

16.

17. INFORMANT Address: MRS. MABEL BAKER K.C.Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Broncho Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Burns lower limbs arms +
DUE TO (c): face

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) House caught fire from trash in basement

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 12-1962

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Res

20f. CITY, TOWN, OR LOCATION / COUNTY / STATE: Kans City Jackson Mo

21. I attended the deceased from ______, to ______ and last saw her/him alive on ______
Death occurred at ______ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh H. Owens Coroner
Hughn H. Owens

22b. ADDRESS: 152 ... Statuic

22c. DATE SIGNED: 12-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12-26-62

23c. NAME OF CEMETERY OR CREMATORY: National Military Cemetery

23d. LOCATION (City, town, or county) (State): Ft. Leavenworth, Kansas

24. FUNERAL DIRECTOR / ADDRESS: FREEMAN MORTUARY K.C.Mo.

25. DATE RECD. BY LOCAL REG.: 12-24-62

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed L. L. Passantino

Licensed Embalmer No. 4554

P. O. Address KC MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.